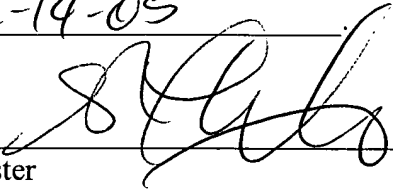




CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 12-14-05


Jeffrey R. Kuester

In Re Application of:

Rodriguez, et al.

Serial No.: 09/736,661

Filed: December 14, 2000

Confirmation No.: 8279

Group Art Unit: 2613

Examiner: An, Shawn S.

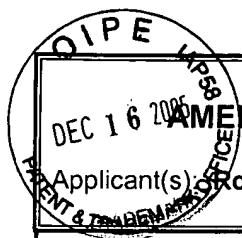
Docket No.: A-6280 (191910-1750)

For: System and Method for Adaptive Video Processing with Coordinated Resource Allocation

The following is a list of documents enclosed:

Return Postcard
Request for Continued Examination
Amendment Transmittal Page
Fee Transmittal
Form 2038 authorizing \$790.00 for the RCE
Seventh Response and Amendment

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Rodriguez, et al.**

Docket No.

A-6280 (191910-1750)Serial No.
09/736,661Filing Date
December 14, 2000Examiner
An, Shawn S.Confirmation No.
8279Group Art Unit
2613Invention: **System and Method for Adaptive Video Processing with Coordinated Resource Allocation****Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria VA 22313-1450**

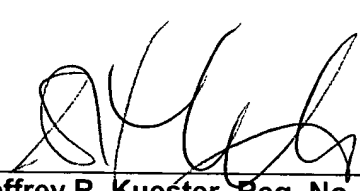
Transmitted herewith is Seventh Response and Amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	39 =	0	X \$50.00	\$0
INDEP. CLAIMS	6 -	7 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees: RCE					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$790.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$790.00 for the RCE.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



Jeffrey R. Kuester, Reg. No. 34,36712-14-05

Date